

COLUMBIA LIBRARIES OFFSITE  
HEALTH SCIENCES STANDARD



HX64122581

RC309.N48 As7 A standard tuberculo

# RECAP

Association of Tuberculosis Clinics  
of the City of New York.

---

A Standard Tuberculosis Clinic

RC309.N48

A57

**Columbia University**  
**in the City of New York**

COLLEGE OF  
PHYSICIANS AND SURGEONS  
LIBRARY



Digitized by the Internet Archive  
in 2010 with funding from  
Open Knowledge Commons



*the city of New York.*

Columbia University  
College of Physicians and Surgeons  
LIBRARY

# A Standard Tuberculosis Clinic

Issued by  
The Association of Tuberculosis Clinics  
of the City of New York  
105 East 22nd Street

[1911]

ALBANY  
Y1283Y1K1  
YBAGC11 1281C11

RE 309.N48  
as 7

APR 29 1942

## A Standard Tuberculosis Clinic

IN order to co-ordinate and standardize the work of the various tuberculosis clinics in New York, in January, 1908, these clinics at that time nine in number, were organized to form an Association of Tuberculosis Clinics. To-day the Association includes twenty-two such clinics in its membership, six under the immediate control of the Department of Health, three maintained by city hospitals and thirteen connected with private institutions.

A certain area of the city is allotted to each clinic which assumes the responsibility for the treatment and home supervision of the cases living within its particular district. All cases applying for treatment to the clinics outside of their district are referred back to the clinic of the district of residence. The Association confines its activities to the Boroughs of Manhattan, Bronx and Richmond. More recently the Brooklyn tuberculosis clinics have also organized along similar lines.

The following recommendations concerning the conduct of clinics for the exclusive treatment of tuberculosis have been formulated by the Association of Tuberculosis Clinics of New York City, and are based upon the results of a year's careful intensive study of the work of the clinics belonging to the Association.

These recommendations have been grouped under appropriate heads, and have to do with the general policy of administration, the work of the nurses, the keeping of records, clinic facilities and clinic hygiene.

An attempt has been made to fix a minimum working standard to which tuberculosis clinics should conform in order to accomplish their work with the greatest expedition and with the

least possible danger of infection to physicians and nurses or patients applying for examination who may not be tuberculous.

It is hoped that these recommendations may be helpful to clinics that may hereafter be established as well as to clinics already in operation.

Floor plans of clinics showing a separate building devoted exclusively to tuberculosis patients are appended, also sample signs and record cards used in the Department of Health Clinics and several private clinics and recommended by the Association for all clinics included in its membership.

## GENERAL POLICY OF ADMINISTRATION.

The following conditions are necessary for admission to membership in the Association of Tuberculosis Clinics and should be considered as fundamental requisites for all special tuberculosis clinics.

- a. All tuberculosis cases must be segregated from other dispensary patients and treated in a separate class.
- b. A graduate nurse must be assigned to this class for the purpose of maintaining supervision over the homes of these tuberculosis cases.
- c. The work of the class for new cases must be limited to the particular district assigned to it.

Each clinic should arrange for a physician to visit and treat in their homes those cases who are too ill to attend the clinic and for whom hospital care cannot be provided.

Special provision should be made for the treatment of children by the establishment of children's clinics wherever the size of the clinic would seem to warrant it.

"Special class" work should be introduced into all large clinics by classifying patients and treating them in separate small groups.



The sputum of every clinic case should be re-examined once a month.

All cases should be re-examined at least once a month and the result entered on the records.

The physicians should use the nurse's report of home conditions as a basis for advising patients.

Any patient refusing for any reason to attend his or her proper dispensary, who is not under the care of a private physician, should be considered a delinquent case. Such cases absenting themselves for one month from their clinic should be discharged as "delinquent" cases and reported to the Department of Health.

Clinics connected with general hospitals should endeavor to secure a few beds therein for the use of clinic patients in emergencies or while being held under observation for diagnosis, e. g., during the administration of the tuberculin test.

## NURSES.

All supervising nurses should be affiliated with some local relief organization in order to better organize the relief work of the clinic.

All nurses engaged for work in tuberculosis clinics should have had training in social work. There are Schools of Philanthropy for the training of social workers throughout the country, having special courses, which are highly desirable for nurses wishing to take up tuberculosis work.

If nurses are employed who are without training in social work, it is advisable that during the first month of their employment by the clinic, they should give a certain portion of their time to the work of one of the recognized large relief societies.

Previous experience in tuberculosis work, while not essential, is a distinct advantage.

The home of every patient should be visited at least once a month.

A clerk should be provided in those clinics where the clerical work of the nurses interferes with their more specific duties.

## RECORDS.

Where two or more clinics are established in a given locality a uniform system of record keeping and record filing should be adopted.

The classification of the National Association for the Study and Prevention of Tuberculosis should be employed for recording the stage of disease and condition on discharge.

A record of the condition on discharge should be kept for all patients.

A uniform system of record keeping should be used by nurses in order to facilitate the compiling of monthly reports.

## CLINIC FACILITIES.

Space:

When a tuberculosis clinic does not occupy a special building used for no other purpose it should be separated as far as possible from the other parts of the dispensary.

The tuberculosis clinic proper should have not less than three rooms, one for interviewing and two for examining patients, one for men and one for women.

In case the clinic room or rooms are not available outside of clinic hours, another room should be available for private conferences between the social worker or nurse and those patients requiring relief.

In connection with the clinic there should be separate closets, one for physicians' and nurses' coats and one for the gowns worn by physicians and nurses and for the necessary clinical supplies.

Equipment:

The interviewing room should contain a sink with hot and

cold water, at least two desks or tables, (one for the physician and one for the nurse), a filing cabinet for records, scales, extra chairs or benches for use of patients while waiting to have temperature and pulse taken, a suitable receptacle for soiled gauze or paper handkerchiefs, a metal screen and a map showing the various clinic districts.

Where a special room is not available for the examination and treatment of throats, a screened-off portion of the interviewing room should be fully equipped for this purpose. The use of the interviewing room, where both men and women are received, is recommended rather than either one of the examining rooms where patients may be disrobed and awaiting examination, in which case the room would not be available for patients of the opposite sex.

Each examining room should contain an examination table, chairs, metal screens and sink with hot and cold water.

#### Staff:

The number of physicians in attendance should be sufficient to allow at least 15 minutes for the examination of every new case exclusive of the time given to history taking, and at least six minutes to the examination of every old case. The payment of salaries to physicians will aid materially in securing and keeping desirable men for tuberculosis clinic work.

There should be at least one nurse for every 100 patients on the clinic register.

### CLINIC HYGIENE.

Tuberculosis cases while awaiting admission to the clinic rooms should be separated from the other dispensary patients, either in a separate waiting room or in a separate portion of the general waiting room.

In all waiting rooms for tuberculosis patients, large signs in several languages should be displayed, giving detailed information as to caring for the sputum.

Sputum cups or a proper substitute therêfor should be furnished by each clinic to patients to take home.

Either paper or gauze handkerchiefs should be given by the Registrar or Clerk to each patient at the time of his admission for use at the clinic.

Suitable receptacles should be provided in the waiting room and in each clinic room for soiled paper or gauze handkerchiefs.

No cuspidors should be used.

Sanitary drinking fountains or sanitary paper drinking cups should be provided for the use of tuberculosis patients.

Furniture, as well as floors, should be washed daily.

Gowns with sleeves should be worn by physicians while on duty in the clinic rooms.

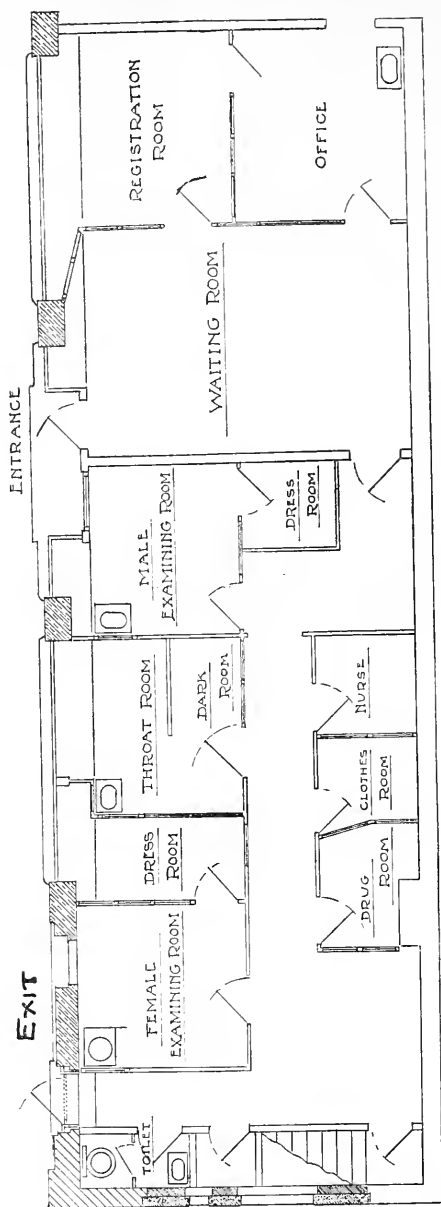
Nurses should wear either gowns with sleeves or washable uniforms while on duty in the clinic rooms.

Patients' mouths should be covered during the time they are being examined by the physicians.

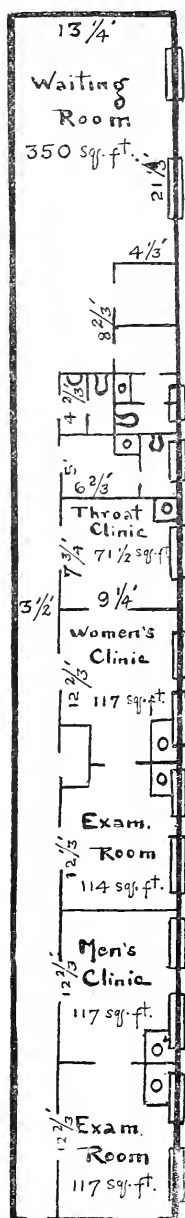
Capes of washable material should be provided for each patient while disrobed and awaiting examination.



## Floor Plans and Sign



FLOOR PLAN OF A HEALTH DEPARTMENT TUBERCULOSIS CLINIC.



FLOOR PLAN OF GERMAN HOSPITAL TUBERCULOSIS CLINIC.

**When You Cough, Hold the Paper Handkerchief given you before  
Your Mouth, use it also for wiping your Mouth or Nose after  
Spitting or Sneezing. Do not spit on the floor or in anything  
except the paper handkerchief, which is then to be put in the  
Paper Bag and not used again. Men are forbidden to smoke or  
wear their Hats while in the clinic.**

ENGLISH TEXT OF SIGN DISPLAYED IN HEALTH DEPARTMENT CLINICS

(Reproduced in Italian, German and Yiddish on same sign.)



## Sample Records and Reports

|  |   |   |   |  |   |
|--|---|---|---|--|---|
| NAME <i>Doc, John</i>  |   | DATE<br><b>JUN 8, 1911</b>  |   | CLINIC <i>West Side</i><br>No. <b>2320</b> YR. <b>11</b><br>BOROUGH <i>Manhattan</i> |   |
| AGE <b>26</b>  |   |   |   |  |   |
| DIAGNOSIS <i>Pulm. Tbc.</i> 6/15/11 REFERRED BY <i>Dr. Brown</i> 150 W. 36   |   |   |   |  |   |
| ADDRESS: STREET <b>W 36</b>  |   | Name<br>NUMBER <b>260</b>   |   | Address<br>FLOOR <b>2</b> CARE OF <i>Black</i> M. D.                                 |   |
| SEX <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female  | MARITAL STATE <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed                            | COLOR <input checked="" type="checkbox"/> White <input type="checkbox"/> Black      | NATIVITY <i>U.S.</i>  | OF FATHER <i>Ger.</i>  | OF MOTHER <i>Ger.</i> RELIGION <i>Prot.</i>                                     |
| OCCUPATION <i>Tailor</i>   | FORMERLY <i>Same</i>  | WORKING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         | IN U.S. <i>Life</i>   | IN N.Y. CITY <b>10 yrs.</b>  | A CITIZEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| FAMILY HISTORY: <i>Father died Tbc. when patient was 5 yrs. old.</i>   |   |   |   |  |   |
| PREVIOUS HISTORY: <i>(BOTTLE) FED—MEASLES—SCARLET FEVER—WHOPPING COUGH—TYPHOID—MALARIA—RHEUMATISM—PNEUMONIA—PLEURISY—INFLUENZA—VENEREAL—BONES—JOINTS—GLANDS—ASTHMA—TUBERC.</i> |   |   |   |  |   |
| OTHER DISEASES OR OPERATIONS <i>None</i>   |   |   |   |  |   |
| ALCOHOL <input checked="" type="checkbox"/> To Excess <input type="checkbox"/> Mod. <input type="checkbox"/> None  | TOBACCO <input checked="" type="checkbox"/> Excess <input type="checkbox"/> Mod. <input type="checkbox"/> None  | DRUG HABIT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      | EXPOSURE TO INFECTION <i>As a child</i> Yes <input type="checkbox"/> No <input type="checkbox"/> What |  |   |
| PREVIOUS TREATMENT: <i>SANATORIUM</i> <i>None</i>  |   | PRIV. PHYS. <i>Yes. 3 mos.</i> CLINIC <i>None</i>                                   |   |  |   |
| PRESENT SYMPTOMS AND DURATION <i>Has had cough and expectoration since the illness with influenza</i>  |   |   |   |  |   |
| COUGH <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | EXPECTORATION <input checked="" type="checkbox"/> Copious <input type="checkbox"/> Mod. <input type="checkbox"/> Scanty <input type="checkbox"/> None | CHARACTER <input checked="" type="checkbox"/> Thick <input type="checkbox"/> Watery | HAEMOPTYSIS <i>One</i> WHEN YESTERDAY <i>Yt</i>   | Yes <input type="checkbox"/> No <input type="checkbox"/>                             |   |
| PAIN <i>R. Chest</i>   | CHILLS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | FEVER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No           | NIGHT SWEATS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                      | LOSS OF FLESH <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    | OF STRENGTH <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| OEDEMA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | MENSTRUATION  |   | DYSPNOEA <i>On exertion</i> HOARSENESS <i>Occasional</i>  |  |   |
| DIGESTION <i>Good</i>  |   | APPETITE <i>Diminished</i>  |   | BOWELS <i>Normal daily</i>   |   |
| movements  |   |   |   |  |   |
| 104 L-1910   |   | DEPARTMENT OF HEALTH, CITY OF NEW YORK—TUBERCULOSIS—CLINIC HISTORY                  |   |  | 1921, '10, 25,000 (P)   |

CLINICAL HISTORY CARD.  
(Reduced—Actual size 5 by 8 inches.)

PHYSICAL EXAMINATION: TEMPERATURE

A.M.—P.M.

✓ 101° of PULSE

112

RESP

26

HEIGHT

5.10

WEIGHT

150

152

Present—One Year Ago

GENERAL APPEARANCE *Some emaciation* TYPE OF CHEST *Long, contracted* PUPILS *Slightly unequal*

SKIN

*Dry*

GLANDS

*None felt*

FINGERS

*Convex nails*

SCARS

*None*

JOINTS

*Negative*

NOSE

*Sl. obstruction*

THROAT

*Congested*

TONGUE

*Clean*

TEETH

*Fair*

*2 carious*

HEART

*Normal position*

ARTERIES

*No sclerosis*

OTHER ORGANS

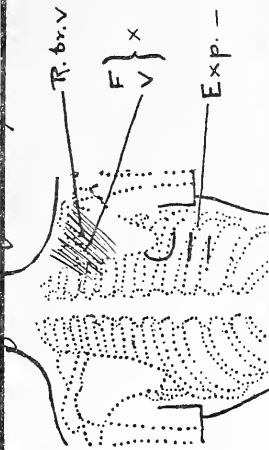
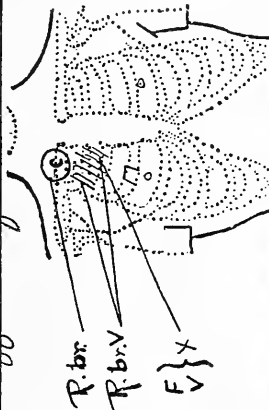
*Negative*

*No murmurs*

LUNGS

*Diffuse infiltration*

*R. upper lobe, with softening ab apex.*



SPUTUM *Num. bacilli* BLOOD *St. anaemia* URINE *Trace albumen* INDIGANURIN *no bacilli* TUBERCULIN TEST *Van Pirquet positive*

ADMITTED TO *Ottisville*

SANATORIUM *6/19/11*

DATE, DISCHARGED

DATE

*9/19/11*

REASON *Expiration of time*

BEHAVIOR

*Excellent*

CONDITION ON DISCHARGE *Much improved*

*To return to clinic*

REVERSE SIDE OF CLINICAL HISTORY CARD.

(Reduced—Actual size 5 by 8 inches.)

NAME *Doe, John*

AGE 26

DATE

*Jun. 8, 1911*

*iii*

CLINIC *Wash Side*  
NO 2320  
BOROUGH

YR. 11

DIAGNOSIS TENTATIVE *Atrophic Rhinitis* FINAL

CLASS

EXAM BY *C. Green*

M. D.

HISTORY: ODYNPHAGIA

TICKLING

ODYNPHONIA

DRYNESS

SENSITIVE TO TOUCH

DIPPING

HOARSE

MODIFIED

RAWNESS

APHONIA

WEAK

HOARSE

MODIFIED

HOARSE

MODIFIED

MODIFIED

DYSPHONIA

APHONIA

WEAK

DRYNESS

SENSITIVE TO TOUCH

DIPPING

HOARSE

MODIFIED

DYSPNOEA

APHONIA

WEAK

DRYNESS

SENSITIVE TO TOUCH

DIPPING

HOARSE

MODIFIED

OTHER SYMPTOMS: DYSPHAGIA, ETC.

NONE

WEAK

DRYNESS

SENSITIVE TO TOUCH

DIPPING

HOARSE

MODIFIED

PREVIOUS TREATMENT AND OPERATIONS

NONE

WEAK

DRYNESS

SENSITIVE TO TOUCH

DIPPING

HOARSE

MODIFIED

DEAFNESS: RIGHT

LEFT

PAIN: RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

EXAMINATION NASAL CHAMBERS

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

SEPTUM

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

ACCESSORY SINUSES

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

ORO-PHARYNX. MUCOUS MEMBRANE

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

FAUCIAL TONSILS

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

LARYNX AND TRACHEA

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

ARY-EPIGLOT FOLD

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

VENT BANDS

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

ARYT

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

99 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

99 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

99 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

99 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

99 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

99 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

99 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

99 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

99 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

99 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

99 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

99 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

99 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

99 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

99 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

99 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

99 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

99 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK

RIGHT

LEFT

RINGING

OTHER SYMPTOMS

LEFT

NONE

NONE

99 L-1910

DEPARTMENT OF HEALTH, CITY OF NEW YORK

RIGHT

LEFT

RINGING


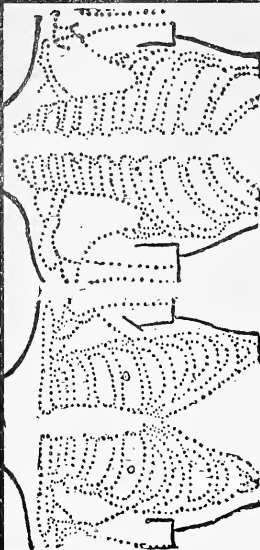
OTHER SYMPTOMS

LEFT

# SUBSEQUENT VISITS

| DATE | TREATMENT |         | REMARKS | SEEN BY |
|------|-----------|---------|---------|---------|
|      | LOCAL     | GENERAL |         |         |
|      |           |         |         |         |
|      |           |         |         |         |
|      |           |         |         |         |
|      |           |         |         |         |

REVERSE SIDE OF NOSE AND THROAT CARD.  
(Reduced--Actual size 5 by 8 inches.)

|  |   |                  |  |  |   |
|--|---|------------------|--|--|---|
| NAME <i>Doc. John</i><br>AGE <i>26</i>       | CLINIC <i>West Side</i><br>No. <i>2320-11</i><br>BOROUGH <i>Manhattan</i> | Jun. 8 1911      |  |  |  |
| DATE <i>9/21/11</i><br>EXAMINER <i>Jones</i> |   | DATE<br>EXAMINER |  | LESION   |   |
| DATE<br>EXAMINER                             |   | DATE<br>EXAMINER |  | LESION   |   |
| DATE<br>EXAMINER                             |   | DATE<br>EXAMINER |  | LESION   |   |

211 L-1911

DEPARTMENT OF HEALTH—THE CITY OF NEW YORK—TUBERCULOSIS CLINIC DIAGRAM

21-524, '11, 15,000 (P)

DIAGRAM CARD FOR RECORDING SUBSEQUENT EXAMINATIONS.  
 (Reduced—Actual size 5 by 8 inches.)

NAME *Doc, John*

CLINIC *West Side*

NO. *2320*

YR. *11*

BOROUGH *Manhattan*

AGE *26*

| DATE    | WEIGHT | TEMPERATURE     |                  | PULSE | RESP. | TREATMENT | DIET  | REMARKS  | EXAMINER |
|---------|--------|-----------------|------------------|-------|-------|-----------|-------|--|----------|
|         |        | A. M.           | P. M.            |       |       |           |       |  |          |
| 6-10-11 | 129    | 99 <sup>2</sup> |                  | 108   | 22    | No. 1     | Extra | Recommend for dish<br>to Auxiliary Nurse Jones               |          |
| 6-12-11 | 129½   |                 | 100 <sup>5</sup> | 110   | 22    | No. 117   |       | Cough less troublesome                                       | Jones    |
| 6-15-11 | 130    |                 | 100              | 96    | 20    |           |       | feels stronger   |          |
|         |        |                 |                  |       |       |           |       | Recommend for Otis-<br>ville Sanatorium                      | Jones    |
| 9-21-11 | 148    |                 | 98 <sup>4</sup>  | 78    | 18    |           |       | Much improved.<br>Advised to seek out-<br>door employment.   | Jones    |
|         |        |                 |                  |       |       |           |       | To return monthly for<br>obs. Ref. for aid to Aux-<br>iliary |          |

68 L-1910

DEPARTMENT OF HEALTH — CITY OF NEW YORK — TUBERCULOSIS CLINIC — LATER VISITS

2654, '10, 20,000 (M)

CARD FOR RECORDING SUBSEQUENT VISITS TO CLINIC.

(Reduced—Actual size 5 by 8 inches.)

NAME
DATE
CASE NO.
YEAR
BOROUGH

John Doe
Jun. 8, 1911
2320
1911
BOROUGH
Manhattan

AGE
SEX
MARITAL STATE
COLOR
NATIONALITY
U.S. OCCUPATION
REFERRED BY

26
Male
Single
White
Black
Tailor

ADDRESS:
STREET
W.
FLOOR
CARE OF

36
260
273 W.
Black

THE HOUSE:
Ten.
A.
P.
H.
F.
R.
B.
H.
L.
H.
NUMBER OF STORIES
MATERIAL
NUMBER FAMILIES
BUILT

5
5
24
Before

GENERAL CONDITION OF BUILDING
CLEANLINESS
DIM
TOTAL AIR SPACE
DISTANCE TO PARK

Good
Kitchen
1
6000
4

SINK IN ROOMS
ROOF AVAILABLE
SHOULD FAMILY MOVE
ARTIFICIAL HEAT

Good
Kitchen
Yes
No

RECOMMEND:

THE FAMILY:
ADULTS
CHILDREN
BOARDERS
OTHER CASES IN FAMILY
WHO CARES FOR PATIENT

4
2
0
None
Wife

FAMILY CLEANLINESS:
Neat
Dirty

Very Neat

HOW LONG IN APARTMENT?

2 years

RECOMMEND:

ECONOMIC CONDITIONS:
RENT
INSURANCE
NUMBER TO BE SUPPORTED
CHURCH

Poor
\$14.00
\$30
4

INCOME PER WEEK
PATIENT
HUSBAND
WIFE
FATHER
MOTHER
OTHERS
SICK BENEFIT
CHURCH
EMPLOYER
RELATIVES
TOTAL INCOME

None
\$3.00
-
-
-
-
-
-
-
-
-
-
-

OCCUPATION
RECOMMEND:

None

Visited by
Jane Adams

Nurse

NURSE'S CARD FOR REPORTING HOME CONDITIONS.  
(Reduced—Actual size 5 by 8 inches.)



THE PATIENT'S ILLNESS BEGAN **Jan. 1911**HOW CONTRACTED? **Influenza**TREATED BY **H. D. West**CHARACTER? **Good**CAREFUL ☒INTELLIGENT ☒ILLITERATE ☒TEMPERATE ☒CLEAN ☒SEPARATE ECO ☒SEPARATE ROOM ☒HOURS IN BED **9**HOURS OUT OF DOORS **4**BATHS **Shower**EXPECTORATION ☒

NODD-SCHUBLY-COPIOUS

RECEIVED INTO **Flask**DISPOSAL **Toilet**OTHER PRECAUTIONS OBSERVED ☒

WHAT?

MILK

**None**

Quarts daily

EGGS

**None**

DAILY

WILL ATTEND **H. D. West**

CLINIC

CONDICTION

Good-Fair-Bad-Best

LESION

**Diffuse Infl.****with softening****at apex**

RECOMMEND

**Out door work**

DATE

TEMP.

PULSE

RESP.

SUBSEQUENT VISITS

9-22-11

99 84 20

Patient feels much better, &amp; is looking for out-door work

REVERSE SIDE OF NURSE'S CARD FOR REPORTING HOME CONDITIONS.  
(Reduced—Actual size 5 by 8 inches.)

# ASSOCIATION OF TUBERCULOSIS CLINICS OF THE CITY OF NEW YORK

## REPORT OF THE

St Luke's

Clinic for the Month of June 1911

|   | ADULTS  | CHILDREN  | TOTAL        |
|---|---------|-----------|--------------|
| Patients Receiving Treatment                                    |         |           |              |
| Under Observation 1st of Month                                  | 180     | 41        | 221          |
| New Cases   | 19      | 3         | 22           |
| Old Cases Re-Admitted   | 4       | 0         | 4            |
| Total   | 203     | 44        | 247          |
| Patients Discharged   | 17      | 2         | 19           |
| * Patients Remaining Under Observation Last Day of Month        | 186     | 42        | 228          |
| Visits of Patients to Clinic During Month                       | 149     | 34        | 183          |
|   | PRIMARY | SECONDARY | CO-OPERATIVE |
| Nurses' Visits  | 26      | 173       | 47           |
| Patients Receiving Extra Diet                                   |         |           | 3            |
| Patients Referred by Non-Association Hospitals and Dispensaries |         |           | 0            |

\*Of these 66 cases are suspicious and have not been reported to the Department of Health.

### Patients Discharged

CONDITION ON DISCHARGE: (Patients under treatment 1 month or more)

Apparently Cured 0 Arrested 1 Improved 6 Progressive 3  
Died 0 Not Tuberculous 1 Undiagnosed 0 Total 11

STAGE OF DISEASE AT TIME OF ADMISSION: (Patients under treatment 1 month or more)

Incipient 5 Moderately Advanced 4 Far Advanced 1 Doubtful 0  
Not Tuberculous 1 Total 11

### DURATION OF TREATMENT

2-29 Days 5 1 to 3 Mo. 5 3 to 6 Mo. 4 6 Mo. to 1 Yr. 2 1 to 2 Yrs. 0  
2 to 3 Yrs. 0 3 Yrs. and over 0 Came Once 3 Total 19

### REASONS FOR DISCHARGE

Unwilling 0 Too Feeble 0 Moved 0 Not Tuberculous 1  
Working 0 Not Found 1 In Hospital 6 In Sanatoria 4  
Transferred 3 Left City 2 Attending Non-Association Dispensary 0  
In Other Care 1 Apparently Cured 0 Arrested 1 Died 0 Total 19

Respectfully submitted,

Edith Granger Nurse

MONTHLY REPORT OF CLINIC TO ASSOCIATION.  
(Reduced—Actual size 8½ by 11 inches.)

## DIRECTORS AND OFFICERS.

JAMES ALEX. MILLER, M.D., President  
JOHN H. HUDDLESTON, M.D., Vice-President  
LAWRENCE VEILLER, Secretary  
MRS. HERMANN M. BIGGS  
F. MORRIS CLASS, M.D.  
MRS. J. BORDEN HARRIMAN  
AUSTIN W. HOLLIS, M.D.  
A. JACOBI, M.D.  
MISS BLANCHE POTTER  
ANTONIO STELLA, M.D.  
B. H. WATERS, M.D.

FRANK H. MANN, *Assistant Secretary*  
F. ELISABETH CROWELL, *Executive Secretary*





## COLUMBIA UNIVERSITY LIBRARIES

This book is due on the date indicated below, or at the expiration of a definite period after the date of borrowing, as provided by the rules of the Library or by special arrangement with the Librarian in charge.

[illegible]

RC309.N43

As7

Association of tuberculosis clinics

